

# Foster Family Home - Corrective Action Report

**Provider ID:** 1-513235

**Home Name:** Hedidia Agbulos, CNA

**Review ID:** 1-513235-6

99-322 Ahe Ahe Street

**Reviewer:** Angel England

Aiea HI 96701

**Begin Date:** 12/2/2018

## Foster Family Home Required Certificate [17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1 Home visit made for a 3 bed re-certification inspection survey. Corrective Action Report issued during home visit with a written plan of correction due to CTA by 1/2/19.

## Foster Family Home Information Confidentiality [17-1454-13.1]

13.1.(c)(1) The applicant, recipient or a legal representative of the applicant or recipient has authorized in writing the use or disclosure of the information; or

Comment:

13.1.c.1 No consent form present in Client #1's record.

## Foster Family Home Personnel and Staffing [17-1454-41]

41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.b.7 CG#1 tuberculosis clearance form for 2018 is not signed by a healthcare professional. The form is not on the current department of health clearance form or the healthcare provider's own form.

41.b.8 Blood borne pathogen training lapsed for CG#1, 2 and 3, they were due on/before 12/3/17 and were done on 2/1/18.

## 3 Person Staffing 3 Person Staffing Requirements [17-1454-41] (3P)

41.(3P)(a)(5) Primary and substitute caregivers complete a minimum of twelve hours of continuing education every twelve months or at least twenty-four hours of continuing education every twenty-four months. CTA will begin checking for this criteria July 2012 with full compliance required by July 2013.

Comment:

41.3P.a.5 CG#2 and CG#3 had only 16 hours of continuing education present in record for the past 24 months. Each caregiver lacks 8 hours.

## Foster Family Home Client Care and Services [17-1454-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89, subchapter 15, HAR;

Comment:

43.c.3 No RN delegation present for Client #1 for topical medication.

## Foster Family Home - Corrective Action Report

### Foster Family Home      Medication and Nutrition      [17-1454-46]

46.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 17-1454-48.1(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

46.c No drug side effects are present for Client #1 except for one medication. Caregivers would not know what side effects are in order to report them.

### Foster Family Home      Physical Environment      [17-1454-48]

48.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

48.c.3 Client #2's bedroom has two windows that have items and clutter stacked outside them in the laundry area which is blocking airflow into the bedroom.

There are gaps around client windows that would allow pests, such as mosquitos, to get in potentially causing harm to the client.

There is a moderate smell of urine in client #1's bedroom/outside hallway area. The floor appears to be clean and there is no visible evidence of urine soaked items such as briefs or chucks present in room.

There is a significant amount of clutter around the outside of the home (garage area, front porch, laundry area, side of house) that could be considered unsafe by either becoming a fire hazard or being a place that pests could make a habitat in. There are no visible pests in the home at time of visit.

### 3 Person Physical Environment      3 Person Physical Environment      [17-1454-48] (3P)

48.(3P)(c)(2) the room must be adequate for socialization and dining by the clients, preferably with the family

48.(3P)(c)(3) the room must have adequate furnishings, e.g., tables and chairs

Comment:

48.3P.c.2 and c.3. There is not an adequate dining table to be used by clients nor any chairs for dining table for clients to eat with the caregiver family.

### Foster Family Home      Quality Assurance      [17-1454-48.1]

48.1.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

48.1.a No emergency management policies or procedures present.



## Foster Family Home - Corrective Action Report

Foster Family Home

Client Rights

[17-1454-50]

- 50.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;
- 50.(b)(13) Retain and use personal clothing and possessions as space permits, unless to do so would infringe upon the rights of other clients;

Comment:

50.b.9 Under the my choice, my way and new federal HCBS rules, clients need to be able to lock their bedroom and bathroom door and be able to unlock it to get out. Client #1's bedroom and the bathroom door have locks on the outside which could be used to lock clients inside those two rooms with client being unable to get out. It is recommended the home install single motion action locks as required by MedQuest.

50.b.13 Both closets in Client #1 and Client #2's bedroom have household belongings and general supplies in them. Client rooms and closets are meant to store only the client belongings and individual specific supply items.

Foster Family Home

Records

[17-1454-52]


- 52.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;
- 52.(c)(5) Medication schedule checklist;

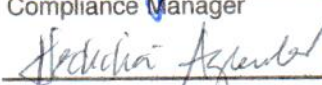
Comment:

52.c.2 There is no client/representative signature on Client #1's service plan dated 7/14/18

52.c.5 There are medication discrepancies. For Client #1: An over the counter medication dosage on medication administration record does not match the dosage on the bottle. This medication has not been given nor signed for since ordered on 11/12/18.

For Client #2: a topical medication dosage on the tube does not match the medication administration record.

  
Compliance Manager

  
Primary Care Giver

  
Date

  
Date

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: Hedidia Aguilos  
CCFFH Address: 99-322 Ahe Ahe St  
AIEA HI 96701

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
13.1C1	Consent form was signed by the POA for client #1	12/08/19	PCF - will check all paper w/in 3 days after Admission
41.B7	CA #1, new form was obtain and see PCP to have another check + was signed	12/07/18	In the future use the form found on <del>FL</del> site for all TB the caregivers + ck on signature before putting in the binder

Primary Caregiver's Signature: Hedidia Aguilos

Print Name: HEDIDIA AGUILOS

Date of Signature: 02/23/19

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: HERNANDEZ AGUILAR  
CCFFH Address:

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.B.8	Blood borne Training lapsed, New Training was done since <del>lapsed</del> lapsed requirement can't be corrected CA# 1, 2, + 3 Placed into PC#s, SC# name record	12/11/18	PC# will use on Tracking log to identify when requirements are due before they expired to allow time to get them done before they are due.

Primary Caregiver's Signature: Hernandez Aguilar

Print Name: Hernandez Aguilar

Date of Signature: 12/12/18



Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: Hedidia Agbulos  
CCFFH Address:

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.3pas	ch #2 & ch #3 each did the 8 hours of TRAINING & was placed in the binder	12/08 -12/15/18	PCB will create a Tracking log to identify when requirements are <del>done</del> <sup>due</sup> before they expire to allow time to them done, before they are due <del>stop</del>
43. C. 3	RN delegation was done for ch #1 by client's CMA. It was placed in the <del>client's</del> binder	12/05/18	PCB will notify client's CMA that RN delegation needs to be done w/in 2-3 days of a caregiver being added to the home. PCB has a calendar in front of the personal binder w/ all due dates

Primary Caregiver's Signature: Hedidia Agbulos

Print Name: HEDIDIA AGBULOS Date of Signature: 02/23/19

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: Hedidia AGBulos  
CCFFH Address:

• Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
46.C	Drug Stmt Side effect provided by pharmacy copies placed in the medicine box	12/10/18	PcB understands the side effects of drug & will always obtain a copy from pharmacy and placed in the medicine box for each drug.
48C3	<del>Shant #2</del> na Laundry room was cleaned  PcB contacted a carpenter to carefully repair the window screens	12/09/18	Room washroom will remain cleaned & caregiver will focus on ventilation for Rm of client. Gap around clients window shld be not neglected always be check g day

Primary Caregiver's Signature: Hedidia AGBulos

Print Name: Hedidia AGBulos

Date of Signature: 02/23/19

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: Hedidia Agbulos  
CCFFH Address:

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
48C3	<p>Urine smell, as soon as the CTA officer left the Foster Home, PCB took the suggested solution of the problem. (Vinegar + baking soda) IT was very effective formula took away the smell</p> <p>Clutters around the house was donated some to the Big Brothers, unnecessary things were thrown away and remaining clutters will be shipped to the Philippines around June, 2019</p>	<p>12/02/18</p> <p>12/28/18</p> <p>June 2019</p>	<p>if Urine smell persist PCB will use prosol solution as disinfectant to help + eliminate the residue of urine smell + bacteria mopping the floor every day.</p> <p>Avoid collecting things that are not necessary, unnecessary things are to be thrown away or give to the needy</p>

Primary Caregiver's Signature: Hedidia Agbulos

Print Name: HEPIDIA AGBULOS

Date of Signature: 02/23/19



Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: Hedidia Agbulos  
CCFFH Address:

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
48.3P C2 & C3	Caregiver #1 will hire someone to assemble dining room tables & chairs.	<del>12/04/18</del> End of March 2019	Keep dining room area clear from clutter for every meal.
48.1a	Emergency management Plan was obtained from CTA website at Area Library. Placed in home binder	12/04/18	Emergency management Plan will never be removed from home binder

Primary Caregiver's Signature: Hedidia Agbulos

Print Name: Hedidia Agbulos Date of Signature: 12/23/19

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: Hedidia Aguilos  
CCFFH Address:

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
50 B 9	Pcb Corrected on both #1 client bedroom & bathroom door having locks on outside. In this situation, single motion action lock, was installed.	12/08/18	Pcb should check the lock <del>on</del> two times a year to make sure locks are working.
50 B 13	Cleaned out the closets <del>bel</del> belonging to any household <del>mem</del> members.		Pcb should have in mind that once a client is placed in a home is entitled a closets to keep their personal belongings. Pcb will not share to any client's closets

Primary Caregiver's Signature: Hedidia Aguilos

Print Name: Hedidia Aguilos

Date of Signature: 2/23/19

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: Hedidia Aguilos  
CCFFH Address:

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
52.C2	Tried to get POA Signature with no response client #1 passed away before getting signature	02/06/19	a review of medical chart will be conducted by PCB during visit of CMA to ensure records are signed + completed by everyone. if discrepancy noted. PCB will work w/ CMA to do <del>mission</del> necessary follow-up to be in compliance

Primary Caregiver's Signature: Hedidia Aguilos

Print Name: Hedidia Aguilos

Date of Signature: 2/23/19



Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: Hedidia Agbulos  
CCFFH Address:

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
52 <del>C5</del> C5	medication not available for purchase in dose ordered. told by CMA to cut pill. ordered PRN and was not given/needed so no pill to sign	12/06/18	PCs + CMA will continue to conduct a medication reconciliation q month + pay new/changes in medication obtained from PCP if des discrepancy in medication from written order PCs will contact PCP/pharmacy to make necessary changes to ensure the five (5) rights, right member, right drug, right dose, right route + right time
52 C5	CTA missed the tube of correct Topical label was under the drug statement, PCs should to CTA sent already written down the discrepancy	12/02/18	

Primary Caregiver's Signature: Hedidia Agbulos

Print Name: HEDIDIA AGBULOS

Date of Signature: 2/23/19